BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I							SMALL EI		OTHER	THAN	
TOTAL OLANIC			(Column 1)		(Column 2)		TYPE		OR		
TOTAL CLAIMS							RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	/S minus 20=		• ()		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	T n	ninus 3 =	* 14		X40=		OR	X80=	320
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT				105			070	7
* If the difference in column 1 is less than zero, enter "0" in column 2							+135=		OR	+270=	
							TOTAL		OR		1030
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)											THAN ENTITY
Г		(Column 1) CLAIMS		HIGH	EST		C.IIIAEE .	ADDI-	1		ADDI-
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
W W	Independent	*	Minus	***		=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	EPENDEN ⁻	T CLAIM		+135=		OR	+270=	
							TOTAL			TOTAL	
ADDIT. FEEOH ADDIT. FEE										<u> </u>	
		CLAIMS		HIGH	IEST			ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		=	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										
-							+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	L
		(Column 1)		(Colu		(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***	."	=	X40=			X80=	<u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A40=		OR	700=	
l	.						+135=		OR	+270=	
**	if the "Highest Nu	mn 1 is less than t mber Previously P	aid For" IN Th	HIS SPACE	is less tha	n 20, enter "20."	TOTAL ADDIT. FEE		OR	TOTAL. ADDIT. FEE	~
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1											

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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I					1	SMALL ENTITY			YTITY		OTHER THAN	
			(Column	(Column 1)		(Column 2)		TYPE		OR		
TOTAL CLAIMS							RA'	TE	FEE	1	RATE	FEE
FO	PR		NUMBER	FILED	NUMB	ER EXTRA	BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			l - mir	โจ เกิเกนธ์ 20=		* Y		9=		OR	X\$18=	
IND	DEPENDENT CI	LAIMS	- − minus 3 =		*		X4:	2=		OR	X84=	
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					0=		OR	+280=	
* If	the difference	e in column 1 is	less than ze	ero, enter	r "0" in c	"0" in column 2		AL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								•			OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMA	LL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	MIAIO	=	X42	?=		OR	X84=	
	FINOTETILO	INTATION OF WA	JLIIFLL OLI	'ENULIA	LODATIVI		+140)=		OR	+280=	
								TAL		OR	TOTAL	
	13	(Column 1)		(Colur	mn (2)	(Column 3)	ADDIT.	FEE L		1 /	ADDIT. FEE	الكالي بيداني وبايد دانسا
	CLAIMS			(Column 2 HIGHEST		(Column 5)		\neg	ADDI-		T.	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	OUSLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE
NON	Total	* ! `	Minus	** 2	<i>T</i> :	= -	X\$ 9)= 	`	OR	X\$18=	
AME	Independent	* £.4- NTATION OF MU	Minus	***	}		X42	:=		OR	X84=	
	FINOTETILOL	MATON OF MC	JETT CE DET	ENULH	CLANI		+140)=		OR	+280=	
			TAL		OR .	TOTAL						
		(Column 1)		(Colur	O\	(Column 3)	ADDIT.	ree ⊾		,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)				•		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42	=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							十		Ī		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								=		OR	+280=	
**	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TAL EE		OR ,	TOTAL ADDIT. FEE	
		imber Previously Pa nber Previously Paid							ropriate box			